

Agency 109

Board of Emergency Medical Services

Editor's Note:

The Emergency Medical Services Council was abolished on April 14, 1988. Powers, duties, and functions were transferred to its successor, the Emergency Medical Services Board. See K.S.A. 1988 Supp. 65-6101.

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Article 1.—DEFINITIONS

109-1-1. Definitions. The following terms, as used in the board's regulations, shall have the meanings specified in this regulation.

(a) "AEMT" means advanced emergency medical technician.

(b) "Advanced life support" means the statutorily authorized activities and interventions that may be performed by an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, mobile intensive care technician, or paramedic.

(c) "Air ambulance" means a fixed-wing or rotor-wing aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation or emergency care of patients.

(d) "Air medical director" means a physician as defined by K.S.A. 65-6112, and amendments thereto, who meets the following requirements:

(1) Is trained and experienced in care consistent with the air ambulance service's mission statement; and

(2) is knowledgeable in altitude physiology and the complications that can arise due to air medical transport.

(e) "Air medical personnel" means the attendants listed on the attendant roster, health care personnel identified on the service health care personnel roster of the air ambulance service, specialty patient care providers specific to the mission, and the pilot or pilots necessary for the operation of the aircraft.

(f) "Airway maintenance," as used in K.S.A. 65-6121 and amendments thereto and as applied to the authorized activities of an emergency medical technician-intermediate, means the use of any invasive oral equipment and procedures necessary to ensure the adequacy and quality of ventilation and oxygenation.

(g) "ALS" means advanced life support, as defined in subsection (b).

(h) "Basic life support" means the statutorily authorized activities and interventions that may be performed by a first responder, emergency medical responder, or emergency medical technician.

(i) "BLS" means basic life support, as defined in subsection (h).

(j) "CECBEMS" means the national continuing education coordinating board for emergency medical services.

(k) "Certified mechanic," as used in K.A.R. 109-2-2, means an individual employed or contracted by the ambulance service, city or county, qualified to perform maintenance on licensed am-

balances and inspect these vehicles and validate, by signature, that the vehicles meet both mechanical and safety considerations for use.

(l) "Class," as used in these regulations, means the period during which a group of students meets.

(m) "Clinical preceptor" means an individual who is responsible for the supervision and evaluation of students in clinical training in a health care facility.

(n) "Continuing education" means a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.

(o) "Contrived experience," as used in K.A.R. 109-11-3, means a simulated ambulance call and shall include dispatch communications, responding to the scene, assessment and management of the scene and patient or patients, biomedical communications with medical control, ongoing assessment, care, and transportation of the patient or patients, transference of the patient or patients to the staff of the receiving facility, completion of records, and preparation of the ambulance for return to service.

(p) "Coordination" means the submission of an application for approval of initial or continuing education courses and the oversight responsibility of those same courses and instructors once the courses are approved.

(q) "Course of instruction" means a body of prescribed EMS studies approved by the board.

(r) "Critical care transport" means the transport by an ambulance of a critically ill or injured patient who receives care commensurate with the care rendered by health care personnel as defined in subsection (cc) or either an MICT or a paramedic with specialized training as approved by service protocols and the medical director.

(s) "Emergency" means a serious medical or traumatic situation or occurrence that demands immediate action.

(t) "Emergency call" means an immediate response by an ambulance service to a medical or trauma incident that happens unexpectedly.

(u) "Emergency care" means the services provided after the onset of a medical condition of sufficient severity that the absence of immediate medical attention could reasonably be expected to cause any of the following:

(1) Place the patient's health in serious jeopardy;

(2) seriously impair bodily functions; or

(3) result in serious dysfunction of any bodily organ or part.

(v) "EMS" means emergency medical services.

(w) "EMR" means emergency medical responder.

(x) "EMT" means emergency medical technician.

(y) "EMT-D" means emergency medical technician-defibrillator.

(z) "EMT-I" means emergency medical technician-intermediate.

(aa) "EMT-I/D" means emergency medical technician-intermediate/defibrillator.

(bb) "Field internship preceptor" means an individual who is responsible for the supervision and evaluation of students in field training with an ambulance service.

(cc) "Health care personnel," as used in these regulations, means a physician, physician assistant, licensed professional nurse, advanced practice registered nurse, or respiratory therapist.

(dd) "Incompetence," as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform patient care according to applicable medical protocols or as defined by the authorized activities of the attendant's level of certification.

(ee) "Incompetence," as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6133 and K.S.A. 65-6129c and amendments thereto, means a pattern of practice or other behavior that demonstrates a manifest incapacity, inability, or failure to coordinate or to instruct attendant training programs.

(ff) "Incompetence," as applied to an operator and as used in K.S.A. 65-6132 and amendments thereto, means either of the following:

(1) The operator's inability or failure to provide the level of service required for the type of permit held; or

(2) the failure of the operator or an agent or employee of the operator to comply with a statute or regulation pertaining to the operation of a licensed ambulance service.

(gg) "Instructor-coordinator (I-C)" means any of the following individuals who are certified to instruct and coordinate attendant training programs:

(1) Emergency medical technician;

(2) emergency medical technician-intermediate;

(3) emergency medical technician-defibrillator;

- (4) mobile intensive care technician;
- (5) physician;
- (6) physician's assistant;
- (7) advanced practice registered nurse;
- (8) licensed professional nurse;
- (9) advanced emergency medical technician; or
- (10) paramedic.
- (hh) "Interoperable" means that one system has the ability to communicate or work with another.
- (ii) "Lab assistant" means an individual who is assisting a primary instructor in the instruction and evaluation of students in classroom laboratory training sessions.
- (jj) "Long-term provider approval" means that the sponsoring organization has been approved by the executive director to provide any continuing education program as prescribed in K.A.R. 109-5-3.
- (kk) "MICT" means mobile intensive care technician.
- (ll) "Out of service," as used in K.A.R. 109-2-5, means that a licensed ambulance is not immediately available for use for patient care or transport.
- (mm) "Primary instructor" means an instructor-coordinator or training officer who is listed by the sponsoring organization as the individual responsible for the competent delivery of cognitive, psychomotor, and affective objectives of an approved initial course of instruction or continuing education program and who is the person primarily responsible for evaluating student performance and developing student competency.
- (nn) "Prior-approved continuing education" means material submitted by a sponsoring organization, to the board, that is reviewed and subsequently approved by the executive director, in accordance with criteria established by regulations, and that is assigned a course identification number.
- (oo) "Public call" means the request for an ambulance to respond to the scene of a medical emergency or accident by an individual or agency other than any of the following:
 - (1) A type I ambulance service, type II ambulance service, or type IIA ambulance service;
 - (2) the Kansas highway patrol or any law enforcement officer who is at the scene of an accident or medical emergency;
 - (3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or
 - (4) an attendant who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.
- (pp) "Retroactively approved continuing education" means credit issued to an attendant after attending a program workshop, conference, seminar, or other offering that is reviewed and subsequently approved by the executive director, in accordance with criteria established by the board.
- (qq) "Service director" means an individual who has been appointed, employed, or designated by the operator of an ambulance service to handle daily operations and to ensure that the ambulance service is in conformance with local, state, and federal laws and ensure that quality patient care is provided by the service attendants.
- (rr) "Service records" means the documents required to be maintained by state regulations and statutes pertaining to the operation and education within a licensed ambulance service.
- (ss) "Single-program provider approval" means that the sponsoring organization has been granted approval to offer a specific continuing education program.
- (tt) "Site coordinator" means a person supervising, facilitating, or monitoring students, facilities, faculty, or equipment at a training site.
- (uu) "Sponsoring organization" means any professional association, accredited postsecondary educational institution, permitted ambulance service, fire department, other officially organized public safety agency, hospital, corporation, or emergency medical services regional council approved by the executive director to offer initial courses of instruction and continuing education programs as either a long-term provider or a single-program provider.
- (vv) "Sufficient application" means that the information requested on the application form is provided in full, any applicable fee has been paid, all information required by statute or regulation has been submitted to the board, and no additional information is required to complete the processing of the application.
- (ww) "Training officer I" means a person who has been certified by the board to coordinate attendant continuing education training programs for accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, corporations, professional associations, or emergency medical services regional councils.
- (xx) "Training officer II" means a person who

is certified by the board to function as a continuing education training program coordinator and as a primary instructor of first responder initial courses of instruction.

(yy) “Training program accreditation” means the approval granted by the executive director to any of the following, to conduct EMS initial courses of instruction on a long-term basis: accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, or corporations.

(zz) “Type I ambulance service” means a ground-based ambulance service that provides emergency response and advanced life support, as described in the authorized activities and scope of practice of emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, mobile intensive care technician, or paramedic as specified in K.S.A. 65-6119, K.S.A. 65-6120, and K.S.A. 65-6123, and amendments thereto. The ambulance service may provide critical care transport when staffed in accordance with subsection (r).

(aaa) “Type II ambulance service” means a ground-based ambulance service that provides emergency response and basic life support, as described in the authorized activities or scope of practice of emergency medical technician, first responder, and emergency medical responder in K.S.A. 65-6121 and K.S.A. 65-6144, and amendments thereto.

(bbb) “Type IIA ambulance service” means a basic life support ambulance service that may provide advanced life support when staffed with one attendant and any of the following individuals functioning under ALS protocols or guidance as authorized by the applicable licensing authority:

- (1) Emergency medical technician-intermediate;
- (2) emergency medical technician-defibrillator;
- (3) emergency medical technician-intermediate/defibrillator;
- (4) advanced emergency medical technician;
- (5) mobile intensive care technician;
- (6) paramedic;
- (7) licensed professional nurse;
- (8) physician’s assistant;
- (9) advanced practice registered nurse;
- (10) respiratory therapist; or
- (11) physician.

(ccc) “Type V ambulance service” means an air

or ground-based ALS ambulance service that provides critical care transport, as defined in this regulation, and is not subject to public call. This type of ambulance service uses a “type V air ambulance” or “type V ground ambulance,” or both.

(ddd) “Unprofessional conduct,” as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means conduct that violates those standards of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the emergency medical services profession as reasonably necessary for the protection of the public. This term shall include any of the following:

- (1) Failing to take appropriate action to safeguard the patient;
- (2) performing acts beyond the activities authorized for the level at which the individual is certified;
- (3) falsifying a patient’s or an ambulance service’s records;
- (4) verbally, sexually, or physically abusing a patient;
- (5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;
- (6) diverting drugs or any property belonging to a patient or an agency;
- (7) making a false or misleading statement on an application for certification renewal or any agency record;
- (8) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an attendant; or
- (9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Attendants who fail to respond to requests for documents or requests for information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.

(eee) “Unprofessional conduct,” as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6133 and K.S.A. 65-6129c and amendments thereto, means any of the following:

- (1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a stu-

dent in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;

(2) verbally or physically abusing a student;

(3) failing to take appropriate action to safeguard a student;

(4) falsifying any document relating to a student or the emergency medical service agency;

(5) violating any statutes or regulations concerning the confidentiality of student records;

(6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects a student to unwelcome sexual advances, which shall include physical touching or verbal expressions;

(7) an inability to instruct because of alcoholism, excessive use of drugs, controlled substances, or any physical or mental condition;

(8) reproducing or duplicating a state examination for certification without board authority;

(9) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an instructor-coordinator or training officer;

(10) willfully failing to adhere to the course syllabus; or

(11) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the board's statutes or regulations, including failing to furnish any documents or information legally requested by the board. Instructor-coordinators and training officers who fail to respond to requests for documents or requests for information within 30 days of the request shall have the burden of demonstrating that they have acted in a timely manner. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, K.S.A. 2010 Supp. 65-6121, as amended by L. 2011, ch. 114, sec. 84, K.S.A. 2010 Supp. 65-6129, as amended by L. 2011, ch. 114, sec. 88, K.S.A. 65-6129b, K.S.A. 2010 Supp. 65-6129c, as amended by L. 2011, ch. 114, sec. 65, K.S.A. 65-6132, as amended by L. 2011, ch. 114, sec. 89, and K.S.A. 65-6133, as amended by L. 2011, ch. 114, sec. 90; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16, 1992; amended Jan. 31, 1994; amended Jan. 30, 1995; amended Jan. 31,

1997; amended Nov. 12, 1999; amended Jan. 27, 2012.)

109-1-1a. Definitions. The following terms, as used in this agency's regulations, shall have the following meanings.

(a) "Sponsoring organization" means provider of training, as defined in K.S.A. 65-6112 and amendments thereto.

(b) "Teach" means instruct or coordinate training, or both. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-1-2. Medical director. Each air ambulance service shall have an air medical director who is responsible for advising the air ambulance service on policies and procedures that ensure that the appropriate aircraft, medical personnel, and equipment are provided during air ambulance transport. When necessary, the air medical director may designate another licensed physician to perform the air medical director's duties. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. 65-6126, as amended by L. 2011, ch. 114, sec. 87; effective Jan. 31, 1997; amended Jan. 27, 2012.)

Article 2.—AMBULANCE SERVICES; PERMITS AND REGULATIONS

109-2-1. Ambulance service operator.

(a) Each operator of an ambulance service shall perform the following:

(1) Notify the board of any change in the service director within seven days of the change; and

(2) designate a person as the ambulance service director to serve as an agent of the operator.

(b) The ambulance service director shall meet the following requirements:

(1) Be responsible for the operation of the ambulance service;

(2) be available to the board regarding permit, regulatory, and emergency matters;

(3) be responsible for maintaining a current list of the ambulance service's attendants;

(4) be responsible for maintaining a current copy of each attendant's Kansas certification or renewal card;

(5) notify the board of each addition or removal

of an attendant from the attendant roster within 90 days of the addition or removal;

(6) notify the board of any known resignation, termination, incapacity, or death of a medical adviser once known and the plans for securing a new medical director; and

(7) submit written notification of each change in the medical director within 30 days of the change. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, and K.S.A. 65-6132, as amended by L. 2011, ch. 114, sec. 89; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112 (v), as amended by L. 2011, ch. 114, sec. 82, and K.S.A. 65-6130; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-2. Application for ambulance service permit and ambulance license; permit renewal and license renewal. (a)(1) An applicant may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. Each applicant shall indicate the class of service for the permit requested as type I ambulance service, type II ambulance service, type IIA ambulance service, or type V ambulance service.

(2) An applicant may apply for only one ambulance license for each ambulance that the applicant seeks to operate. Each applicant shall indicate the class of ambulance for each license requested.

(b) All ambulance service permit and ambulance license application and renewal forms shall be submitted in a format required by the executive director.

(c) Each initial and each renewal applicant for a ground ambulance service permit and ambulance license shall obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or a city, county, or township or from a certified mechanic as defined in K.A.R. 109-1-1, for each ambulance within 180 days before the date of ambulance service application renewal. In order for an ambulance license to be renewed, the mechanical safety inspection forms shall not contain any deficiencies identified that would compromise the safe transport of patients.

(d) Each initial and each renewal application for an air ambulance shall include a valid standard airworthiness certificate for each aircraft, evi-

dence of an air safety training program, and an informational publication.

(e) (1) Each new ground ambulance shall be required to have a mechanical or safety inspection submitted on forms required by the board or shall require documentation from the manufacturer indicating that the vehicle has undergone a pre-delivery inspection without deficiencies.

(2) Each used or retrofitted ground ambulance shall be required to have a mechanical and safety inspection.

(f) Each ambulance service permit and ambulance license shall expire on April 30 of each year and may be renewed annually in accordance with this regulation.

If the board receives a complete application for renewal of an ambulance service permit or an ambulance license on or before April 30, the existing permit or license shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review.

(g) If the board receives an insufficient initial application or renewal application for an ambulance service permit or ambulance license, the applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.

(h) An application for ambulance service permit or permit renewal shall be deemed sufficient if all of the following conditions are met:

(1) The applicant or operator either completes all forms provided with the application for ambulance service permit or permit renewal or provides all requested information online. No additional information is required by the board to complete the processing of the application.

(2) Each operator submits the list of supplies and equipment carried on each ambulance validated by the signature of the ambulance service's medical director to the board each year with the operator's application for an ambulance service permit.

(3) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal and ambulance license fees.

(4) Each operator provides the inspection results to the board on forms provided by the executive director with the application for renewal.

(i) Each publicly subsidized operator shall provide the following statistical information to the board with the application for renewal of a permit:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the operating budget and, if any, the tax subsidy;

(3) the charge for emergency and nonemergency patient transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

(j) Each private operator shall provide the following statistical information to the board with the application for renewal of a permit:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the charge for emergency and nonemergency patient transports, including mileage fees; and

(3) the number of full-time, part-time, and volunteer staff.

(k) As a condition of issuance of an initial ambulance service permit, each ambulance service operator shall provide with the application the ambulance service's operational policies and approved medical protocols pursuant to K.A.R. 109-2-5.

(l) The operator of each type I, type II, type IIA, and type V ground ambulance service shall develop a list of supplies and equipment that is carried on each ambulance. This list shall include the supplies and equipment required by the board for the license type and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the services medical protocols in accordance with K.S.A. 65-6112 and amendments thereto. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, 65-6127, and 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012.)

109-2-4. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110, 65-6111, K.S.A. 65-6127 and 65-6128; effective May 1, 1985;

amended July 17, 1989; amended Jan. 31, 1997; revoked Jan. 27, 2012.)

109-2-5. Ambulance service operational standards. (a) Each ground ambulance shall have a two-way, interoperable communications system to allow contact with the ambulance service's primary communication center and with the medical facility, as defined by K.S.A. 65-411 and amendments thereto, to which the ambulance service most commonly transports patients.

(b) Smoking shall be prohibited in the patient and driver compartments of each ambulance at all times.

(c) Each operator shall ensure that the interior and exterior of the ambulance are maintained in a clean manner and that all medications, medical supplies, and equipment within the ambulance are maintained in good working order and according to applicable expiration dates.

(d) Each operator shall ensure that freshly laundered linen or disposable linen is on cots and pillows and ensure that the linen is changed after each patient is transported.

(e) When an ambulance has been utilized to transport a patient known or suspected to have an infectious disease, the operator shall ensure that the interior of the ambulance, any equipment used, and all contact surfaces are disinfected according to the ambulance service's infectious disease control policies and procedures. The operator shall place the ambulance out of service until a thorough disinfection according to the ambulance service's infection control policies and procedures has been completed.

(f) Each operator shall ensure that all items and equipment in the patient compartment are placed in cabinets or properly secured.

(g) Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at no less than 50 degrees Fahrenheit. Each operator shall ensure that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a clean and safe manner.

(h) Each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when the ambulance is out of service.

(i) If an operator is unable to provide service for more than 24 hours, the operator or agent shall notify the executive director and submit an alter-

native plan, in writing and within 72 hours, for providing ambulance service for the operator's primary territory of coverage. The alternative plan shall be subject to approval by the executive director and shall remain in effect no more than 30 days from the date of approval. Approval by the executive director shall be based on whether the alternate plan will provide sufficient coverage to transport and provide emergency care for persons within the operator's primary territory. A written request for one or more extensions of the alternative plan for no more than 30 days each may be approved by the executive director if the operator has made a good faith effort but, due to circumstances beyond the operator's control, has been unable to completely remedy the problem.

(j) Each operator subject to public call shall have a telephone with an advertised emergency number that is answered by an attendant or other person designated by the operator 24 hours a day. Answering machines shall not be permitted.

(k) Each operator shall produce the ambulance service permit and service records upon request of the board.

(l) Each operator shall maintain service records for three years.

(m) Each operator shall ensure that documentation is completed for each request for service and for each patient receiving patient assessment, care, or transportation. Each operator shall furnish a completed copy or copies of each patient care report form upon request of the board.

(n) Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, caller, nature of call, and disposition of each patient.

(o) Each operator shall maintain a copy of the patient care documentation for at least three years.

(p) Each operator shall ensure that a copy of the patient care documentation for initial transport of emergency patients is made available to the receiving medical facility, within 24 hours of the patient's arrival.

(q) Each publicly subsidized operator shall provide the following statistical information to the board before March 1 each calendar year:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the operating budget and tax subsidy;

(3) the charge for emergency and nonemergency patient transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

(r) Each operator shall provide a quality improvement or assurance program that establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care documentation. Each operator shall review patient care activities at least once each quarter of each calendar year to determine whether the ambulance service's attendants are providing patient care commensurate with the attendant's scope of practice and local protocols.

(1) Review of patient care activities shall include quarterly participation by the ambulance service's medical director in a manner that ensures that the medical director is meeting the requirements of K.S.A. 65-6126, and amendments thereto.

(2) Each operator shall, upon request, provide documentation to the executive director demonstrating that the operator is performing patient care reviews and that the medical director is reviewing, monitoring, and verifying the activities of the attendants pursuant to K.S.A. 65-6126, and amendments thereto, as indicated by the medical director's electronic or handwritten signature.

(3) Each operator shall ensure that documentation of all medical reviews of patient care activities is maintained for at least three years.

(4) Within 60 days after completion of the internal review processes of an incident, each operator shall report to the board on forms approved by the board any incident indicating that an attendant or other health care provider functioning for the operator met either of the following conditions:

(A) Acted below the applicable standard of care and, because of this action, had a reasonable probability of causing injury to a patient; or

(B) acted in a manner that could be grounds for disciplinary action by the board or other applicable licensing agency.

(s) Each ambulance service operator shall develop and implement operational policies or guidelines, or both, that have a table of contents and address policies and procedures for each of the following topics:

(1) Radio and telephone communications;

(2) interfacility transfers;

- (3) emergency driving and vehicle operations;
- (4) do not resuscitate (DNR) orders, durable powers of attorney for health care decisions, and living wills;
- (5) multiple-victim and mass-casualty incidents;
- (6) hazardous material incidents;
- (7) infectious disease control;
- (8) crime scene management;
- (9) documentation of patient reports;
- (10) consent and refusal of treatment;
- (11) management of firearms and other weapons;

(12) mutual aid, which means a plan for requesting assistance from another resource;

(13) patient confidentiality;

(14) extrication of persons from entrapment; and

(15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.

(t) Each ambulance service operator shall provide the operational policies to the executive director, upon request.

(u) Each ambulance service operator shall adopt and implement medical protocols developed and approved in accordance with K.S.A. 65-6112, and amendments thereto.

(v) Each operator's medical protocols shall include a table of contents and treatment procedures at a minimum for the following medical and trauma-related conditions for pediatric and adult patients:

- (1) Diabetic emergencies;
- (2) shock;
- (3) environmental emergencies;
- (4) chest pain;
- (5) abdominal pain;
- (6) respiratory distress;
- (7) obstetrical emergencies and care of the newborn;
- (8) poisoning and overdoses;
- (9) seizures;
- (10) cardiac arrest;
- (11) burns;
- (12) stroke or cerebral-vascular accident;
- (13) chest injuries;
- (14) abdominal injuries;
- (15) head injuries;
- (16) spinal injuries;
- (17) multiple-systems trauma;
- (18) orthopedic injuries;
- (19) drowning; and
- (20) anaphylaxis.

(w) Each operator shall make available a current copy of the ambulance service's operational policies or guidelines and medical protocols to any person listed as an attendant and any other health care provider on the ambulance service's attendant roster. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112, as amended by L. 2011, ch. 114, sec. 82, K.S.A. 65-6126, as amended by L. 2011, ch. 114, sec. 87, K.S.A. 65-6130, and K.S.A. 2010 Supp. 65-6135, as amended by L. 2011, ch. 114, sec. 66; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-6. Classes of ambulance services.

(a) Permits shall be issued for four classes of ambulance service. These classes shall be known as type I ambulance service, type IIA ambulance service, type II ambulance service, and type V ambulance service.

(b) Each type I ambulance service shall meet the following requirements:

(1) Provide advanced life support as defined in K.A.R. 109-1-1;

(2) have at least one ALS licensed ambulance that meets all requirements of K.A.R. 109-2-8. Each type I ambulance service may also operate BLS licensed ambulances and may provide critical care transport if staffed by an MICT or paramedic with specialized training;

(3) maintain a staff of currently certified attendants and health care personnel as defined in K.A.R. 109-1-1 that is adequate to meet all applicable requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.

(c) Each type II ambulance service shall meet the following requirements:

(1) Provide basic life support as defined in K.A.R. 109-1-1;

(2) have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;

(3) maintain a staff of currently certified attendants and health care personnel that is adequate to meet all requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.

(d)(1) Any type IIA ambulance service operator may provide advanced life support as defined in K.A.R. 109-1-1 and described in K.S.A. 65-6123, 65-6120, and 65-6119, and amendments thereto, when appropriate personnel are on board according to K.A.R. 109-2-7 and are adequately equipped and when the treatment is approved by medical protocols or the attendants are in direct voice contact with a physician, physician assistant, advanced practice registered nurse, or a licensed professional nurse who is authorized by a physician.

(2) Each operator of a type IIA ambulance service shall meet the following requirements:

(A) Provide basic life support or advanced life support, as defined in K.A.R. 109-1-1;

(B) have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;

(C) maintain a staff of currently certified attendants and health care personnel adequate to meet all requirements of K.A.R. 109-2-7; and

(D) have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.

(e) Each type V ambulance service shall meet the following requirements:

(1) Provide critical care transport as defined in K.A.R. 109-1-1;

(2) not be subject to public call as defined in K.A.R. 109-1-1;

(3) have a ground or air ambulance that meets all requirements of K.A.R. 109-2-8, K.A.R. 109-2-11, K.A.R. 109-2-12, or K.A.R. 109-2-13, as applicable;

(4) license only type V ambulances;

(5) license rotor-wing aircraft, fixed-wing aircraft, or ground-based vehicles as ambulances;

(6) have a staff that is adequate to provide the level of care described in paragraph (e)(1) and as described in K.A.R. 109-2-7; and

(7) have a method of receiving and relaying calls that ensures that any request for emergency response is immediately and properly relayed to the nearest type I ambulance service, type II ambulance service, or type IIA ambulance service. (Authorized by K.S.A. 65-6110, as amended by L.

2011, ch. 114, sec. 81; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 65-6128, and K.S.A. 2010 Supp. 65-6135, as amended by L. 2011, ch. 114, sec. 66; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-8. Standards for type I, type II, type IIA, and type V ground ambulances and equipment. (a) Each ambulance shall meet the vehicle and equipment standards that are applicable to that class of ambulance.

(b) Each ambulance shall have the ambulance license prominently displayed in the patient compartment.

(c) The patient compartment size shall meet or exceed the following specifications:

(1) Headroom: 60 inches; and

(2) length: 116 inches.

(d) Each ambulance shall have a heating and cooling system that is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.

(e) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.

(f) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be recessed and shall not protrude more than 1½ inches.

(g) Each ambulance shall have an electrical system to meet maximum demand of the electrical specifications of the vehicle. All conversion equipment shall have individual fusing that is separate from the chassis fuse system.

(h) Each ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738, and amendments thereto.

(i) Each ambulance shall have an exterior pa-

tient loading light over the rear door, which shall be activated both manually by an inside switch and automatically when the door is opened.

(j) The operator shall mark each ambulance licensed by the board as follows:

(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(2) Any operator may use a decal or logo that identifies the ambulance service in place of lettering. The decal or logo shall be at least 10 inches in height and shall be in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that the decal or logo is readily identifiable to other motor vehicle operators.

(3) Each ambulance initially licensed by the board before January 1, 1995 that is identified either by letters or a logo on both sides of the ambulance shall be exempt from the minimum size requirements in paragraphs (1) and (2) of this subsection.

(k) Each type I, type II, type IIA, and type V ambulance shall have a communications system that is readily accessible to both the attendant and the driver and is in compliance with K.A.R 109-2-5(a).

(l) An operator shall equip each ambulance as follows:

(1) At least two annually inspected ABC fire extinguishers or comparable fire extinguishers with at least five pounds of dry chemical, which shall be secured. One fire extinguisher shall be easily accessible by the driver, and the other shall be easily accessible by the attendant;

(2) either two portable, functional flashlights or one flashlight and one spotlight;

(3) one four-wheeled or six-wheeled, all-purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms;

(4) one urinal;

(5) one bedpan;

(6) one emesis basin or convenience bag;

(7) one complete change of linen;

(8) two blankets;

(9) one waterproof cot cover;

(10) one pillow; and

(11) a "no-smoking" sign posted in the patient compartment and the driver compartment.

(m) The operator shall equip each ground ambulance with the following internal medical systems:

(1) An oxygen system with at least two outlets located within the patient compartment and at least 2,000 liters of storage capacity, with a minimum oxygen level of 200 psi. The cylinder shall be in a compartment that is vented to the outside. The pressure gauge and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and

(2) a functioning, on-board, electrically powered suction aspirator system with a vacuum of at least 300 millimeters of mercury at the catheter tip. The unit shall be easily accessible with large-bore, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip.

(n) The operator shall equip each ground ambulance with the following medical equipment:

(1) A portable oxygen unit of at least 300-liter storage capacity, complete with pressure gauge and flowmeter and with a minimum oxygen level of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a functioning, portable, self-contained battery or manual suction aspirator with a vacuum of at least 300 millimeters of mercury at the catheter tip and a transparent or translucent collection bottle or bag. The unit shall be fitted with large-bore, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip, unless the unit is self-contained;

(3) a hand-operated, adult bag-mask ventilation unit, which shall be capable of use with the oxygen supply;

(4) a hand-operated, pediatric bag-mask ventilation unit, which shall be capable of use with oxygen supply;

(5) oxygen masks in adult and pediatric sizes;

(6) nasal cannulas in adult and pediatric sizes;

(7) oropharyngeal airways in adult, pediatric, and infant sizes;

(8) a blood pressure manometer with extra large, adult, and pediatric cuffs and a stethoscope;

(9) an obstetric kit with contents as described in the ambulance service's medical protocol;

(10) sterile burn sheets;

(11) sterile large trauma dressings;

(12) assorted sterile gauze pads;

(13) occlusive gauze pads;

(14) rolled, self-adhering bandages;

- (15) adhesive tape at least one inch wide;
- (16) bandage shears;
- (17) one liter of sterile water, currently dated or one liter of sterile saline, currently dated; and
- (18) currently dated medications, as authorized by the scope of practice and protocols.

(o) The operator shall equip each ground ambulance with the following patient-handling and splinting equipment:

- (1) A long spinal-immobilization device, complete with accessories to immobilize a patient;
- (2) a short spinal immobilization device, complete with accessories to immobilize a patient;
- (3) a set of extremity splints including one arm and one leg splint, in adult and pediatric sizes;
- (4) a set of rigid cervical collars in assorted adult and pediatric sizes;
- (5) foam wedges or other devices that serve to stabilize the head, neck, and back as one unit; and
- (6) patient disaster tags.

(p) The operator shall equip each type I, type IIA, type II, and type V ground ambulance with the following blood-borne and body fluid pathogen protection equipment in a quantity sufficient for crew members:

- (1) Surgical or medical protective gloves;
- (2) protective goggles, glasses or chin-length clear face shields;
- (3) filtering masks that cover the mouth and nose;
- (4) nonpermeable, full-length, long-sleeve protective gowns;
- (5) a leakproof, rigid container clearly marked as "contaminated products" for the disposal of sharp objects; and
- (6) a leakproof, closeable container for soiled linen and supplies.

(q) The operator shall equip each type I ambulance, type IIA ambulance, and type V ambulance with the following:

- (1) A monitor-defibrillator;
- (2) a drug supply as listed in the ambulance service's medical protocols;
- (3) intravenous administration sets according to medical protocol;
- (4) intravenous solutions in plastic bags or plastic bottles as listed in the ambulance service's medical protocols;
- (5) assorted syringes and needles necessary to meet the requirements of the medical protocols; and
- (6) if authorized by protocols, endotracheal

tubes and laryngoscope blades in adult, child, and infant sizes.

(r) If an operator's medical protocols or equipment list is amended, a copy of these changes shall be submitted to the board by the ambulance service operator within 15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by an operator. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112, as amended by L. 2011, ch. 114, sec. 82, and K.S.A. 65-6128; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-9. Variances. (a) A temporary variance from any or all portions of an identified regulation may be granted by the board to an applicant for no more than 30 days. For good cause shown, one extension of a variance may be granted by the board for no more than an additional 30 days.

(b) Each applicant for a variance shall submit a written request, no later than 30 calendar days before a regularly scheduled board meeting, that contains the following information:

- (1) The name, address, and certificate level or license type of the applicant;
- (2) a statement of the reason for the variance request;
- (3) the specific portion or portions of an identified regulation from which a variance is requested;
- (4) the period of time for which a variance is requested;
- (5) the number of units or persons involved;
- (6) an explanation of how adherence to each portion or portions of the regulation from which the variance is requested would result in a serious hardship to the applicant; and
- (7) an explanation and, if applicable, supportive documents indicating how a variance would not result in an unreasonable risk to the public interest, safety, or welfare.

(c) In addition to meeting the requirements in subsection (b), each instructor-coordinator or training officer who requests a variance shall describe how granting a variance will not jeopardize the quality of instruction.

(d) Periodic evaluations of the variance after it is granted may be conducted by the board.

(e) Conditions may be imposed by the board on any variance granted as necessary to protect the public interest, safety, or welfare, including conditions to safeguard the quality of the instruction provided by an instructor-coordinator or training officer. (Authorized by and implementing K.S.A. 2008 Supp. 65-6111; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended July 10, 2009.)

109-2-10a. Air safety program and informational publication. (a) Each operator of an air ambulance service shall have an air safety training program for all air medical personnel. The program shall include the following:

- (1) Air medical and altitude physiology;
- (2) aircraft orientation, including specific capabilities, limitations, and safety measures for each aircraft used;
- (3) depressurization procedures for fixed-wing aircraft;
- (4) safety in and around the aircraft for all air medical personnel, patients, and lay individuals;
- (5) rescue and survival techniques appropriate to the terrain and the conditions under which the air ambulance service operates;
- (6) hazardous scene recognition and response for rotor-wing aircraft;
- (7) aircraft evacuation procedures, including the rapid loading and unloading of patients;
- (8) refueling procedures for normal and emergency situations; and
- (9) in-flight emergencies and emergency landing procedures.

(b) Each operator of an air ambulance service shall maintain documentation demonstrating the initial completion and annual review of the air safety training program for all air medical personnel and shall provide this documentation to the board on request.

(c) Each operator of an air ambulance service shall provide an informational publication that promotes the proper use of air medical transport, upon request, to all ground-based ambulance services, law enforcement agencies, and hospitals that use the air ambulance service. Each publication shall address the following topics:

- (1) Availability, accessibility, and scope of care of the air ambulance service;
- (2) capabilities of air medical personnel and pa-

tient care modalities afforded by the air ambulance service;

(3) patient preparation before air medical transport;

(4) landing zone designation and preparation;

(5) communication and coordination between air and ground medical personnel; and

(6) safe approach and conduct around the aircraft. (Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; effective Jan. 27, 2012.)

109-2-11. Standards for type V air ambulances and equipment. (a) The operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain care commensurate with the patient's needs. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

(c) The operator shall equip each type V air ambulance with the following:

- (1) Either two portable functioning flashlights or a flashlight and one spotlight;
- (2) a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;
- (3) one emesis basin or convenience bag;
- (4) one complete change of linen;
- (5) one blanket;
- (6) one waterproof cot cover; and
- (7) a "no smoking" sign posted in the aircraft.

(d) Each fixed-wing air ambulance shall have a two-way communications system that is readily accessible to both the medical personnel and the pilot and that meets the following requirements:

- (1) Allows communication between the aircraft and air traffic control systems; and
- (2) allows air medical personnel to communicate at all times with medical control, exclusive of the air traffic control system.

(e) The pilot or pilots shall be sufficiently iso-

lated from the patient care area to minimize in-flight distractions and interference.

(f) The operator shall equip each type V air ambulance with an internal medical system that includes the following:

(1) An internal oxygen system with at least one outlet per patient located inside the patient compartment and with at least 2,500 liters of storage capacity with a minimum of 200 psi. The pressure gauge, regulator control valve, and humidifying accessories shall be readily accessible to attendants and medical personnel from inside the patient compartment during in-flight operations;

(2) an electrically powered suction aspirator system with an airflow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, nonkinking suction tubing and a semirigid, nonmetallic oropharyngeal suction tip; and

(3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

(g) The operator shall equip each type V air ambulance with the following:

(1) A portable oxygen unit of at least 300-liter storage capacity complete with pressure gauge and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, nonkinking suction tubing and semirigid, nonmetallic, oropharyngeal suction tip;

(3) medical supplies and equipment that include the following:

(A) Airway management equipment, including tracheal intubation equipment, adult, pediatric, and infant bag-valve masks, and ventilatory support equipment;

(B) a cardiac monitor capable of defibrillating and an extra battery or power source;

(C) cardiac advanced life support drugs and therapeutic modalities, as indicated by the ambulance service's medical protocols;

(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols;

(E) trauma advanced life support supplies and

treatment modalities, as indicated in the ambulance service's medical protocols; and

(F) a pulse oximeter and an intravenous infusion pump; and

(4) blood-borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8.

(h) If an operator's medical protocols are amended, the operator shall submit these changes to the board with a letter of approval pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change.

(i) Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by the operator. If the operator's medical equipment list is amended, the operator shall submit these changes to the board within 15 days with a letter of approval from the ambulance service's medical director.

(j) Each air ambulance operator shall ensure that each air ambulance has on board, at all times, appropriate survival equipment for the mission and terrain of the ambulance service's geographic area of operations.

(k) Each air ambulance operator shall ensure that the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status can be monitored without interfering with the pilot's vision. The air ambulance operator shall ensure that the aircraft cockpit is capable of being shielded from light in the patient care area during night operations or that red lighting or a reduced lighting level is also provided for the pilot and air ambulance personnel.

(l) Each aircraft shall have at least one stretcher that meets the following requirements:

(1) Accommodates a patient who is up to six feet tall and weighs 212 pounds;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort;

(3) has three securing straps for adult patients; and

(4) has a specifically designed mechanism for securing pediatric patients.

(m) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(n) The aircraft shall have an electric inverter or appropriate power source that is sufficient to power patient-specific medical equipment without compromising the operation of any electrical aircraft equipment.

(o) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(p) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or on-board systems. (Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-12. Standards for rotor-wing ambulance aircraft and equipment. (a) Each operator of an air ambulance service shall comply with the requirements in K.A.R. 109-2-11.

(b) The aircraft configuration shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis and does not compromise the functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.

(c) The aircraft shall have an external search light, which shall meet the following requirements:

- (1) Provide at least 400,000-candlepower illumination at 200 feet;
- (2) be separate from the aircraft landing lights;
- (3) be moveable 90 degrees longitudinally and 180 degrees laterally; and
- (4) be capable of being controlled from inside the aircraft.

(d) Each rotor-wing aircraft shall have a two-way interoperable communications system that is readily accessible to both the attendants and the pilot and meets the following requirements:

- (1) Allows communications between the aircraft and a hospital for medical control, exclusive of the air traffic control system; and
- (2) allows communications between the aircraft and ground-based ambulance services, exclusive of the air traffic control system. (Authorized by

and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-13. Standards for fixed-wing ambulance aircraft and equipment. (a) Each operator shall ensure that each fixed-wing air ambulance is pressurized during patient transports according to the ambulance service's medical protocols and operational policies.

(b) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.

(c) Each fixed-wing air ambulance shall have a two-way, interoperable communications system that is readily accessible to both the attendants and the pilot and that meets the following requirements:

- (1) Allows communications between the aircraft and a hospital; and
 - (2) allows an attendant to communicate at all times with medical control, exclusive of the air traffic control system.
- (d) Fixed-wing ambulance aircraft shall have on board patient comfort equipment including the following:

- (1) One urinal; and
- (2) one bedpan.

(e)(1) Each operator of a type V ambulance service shall staff each type V air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:

(A) At least two of the following: physician, physician assistant, advanced practice registered nurse, or professional nurse; or

(B) one of the individuals listed in paragraph (e)(1)(A) and one of the following:

- (i) An MICT or paramedic; or
- (ii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be a health care provider as defined in K.A.R. 109-1-1 (cc). The medical personnel shall remain in the patient compartment during patient transport.

(2) Each of the individuals specified in paragraphs (e)(1)(A) and (B) shall meet the following requirements:

(A) Have current certification in advanced cardiac life support (ACLS), as adopted by reference

in K.A.R. 109-2-7 (e), or in an equivalent area approved by the board; and

(B) have current certification in either pediatric advanced life support, as adopted by reference in K.A.R. 109-2-7 (f), or an equivalent area approved by the board and in one of the following:

- (i) International trauma life support-advanced (ITLS-A);
- (ii) transport nurse advanced trauma course (TNATC);
- (iii) trauma nurse core course (TNCC);
- (iv) certified flight registered nurse (CFRN);
- (v) certified transport registered nurse (CTRN);
- (vi) pre-hospital trauma life support (PHTLS);
- (vii) critical care emergency medical technician paramedic (CCEMTP); or
- (viii) flight paramedic-certification (FP-C). (Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective Jan. 31, 1997; amended Jan. 27, 2012.)

Article 3.—STANDARDS FOR AMBULANCE ATTENDANTS, FIRST RESPONDERS, AND DRIVERS

109-3-1. Standards for ambulance attendants. Each attendant shall be at least 17 years of age. (Authorized by and implementing K.S.A. 65-6110; effective July 17, 1989; amended Jan. 31, 1997; amended July 10, 2009.)

Article 5.—CONTINUING EDUCATION

109-5-1. Continuing education. (a) One clock-hour of continuing education credit shall mean at least 50 minutes of instruction.

(b) One academic credit hour shall be equivalent to 15 clock-hours for the purpose of continuing education credit. Credit for auditing an academic course shall be for actual clock-hours attended during which instruction was given and shall not exceed the academic credit allowed.

(c) Acceptable forms of prior approved continuing education programs shall include the following:

- (1) Academic medical courses, whether taken for credit or audited;
- (2) seminars, workshops, or minicourses oriented to the enhancement of EMS practice, values, skills, and knowledge;
- (3) programs presented by a provider of continuing education as defined in K.A.R. 109-1-1;
- (4) medical or nursing continuing education

programs approved by the appropriate licensing agency of this or another jurisdiction;

- (5) programs approved by the CECBEMS;
- (6) clinical training that meets the requirements of subsection (d);
- (7) distance learning courses that meet the criteria established in paragraph (e)(2) and K.A.R. 109-10-7; and

(8) for instructor-coordinators and training officers, an educator conference approved by the board.

(d) All clinical training submitted for approval shall be in the form of prescheduled clinical training sessions. The training coordinator shall provide, to the student and the clinical training faculty, the clinical training objectives to be met during the training session. The clinical training faculty shall complete a clinical training evaluation form for each student.

(e)(1) Any student may be awarded one clock-hour of continuing education credit for each clock-hour of distance learning as verified by the certificate of completion, which shall not exceed the amount of credit awarded by CECBEMS or the provider of distance learning. The number of clock-hours received for continuing education credit during one calendar day shall not exceed 12.

(2) Each distance learning course shall include an examination over the material presented. The provider of the distance learning course shall provide each student with the results of the examination and a certificate of completion.

(3) Each student using one or more distance learning courses for the purpose of certification renewal shall keep a copy of the certificate of completion for at least three years.

(f) Any attendant may apply for retroactive approval of continuing education programs that did not receive prior approval by the board. The request shall include an application approved by the executive director and the other documentation specified in K.A.R. 109-5-5. The request shall be received in the board office within 90 days following the end of the program. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, K.S.A. 65-6129b, and K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-88-122, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Feb. 3, 1992; amended Aug. 16,

1993; amended Dec. 19, 1994; amended Nov. 1, 1996; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Aug. 30, 2002; amended Sept. 10, 2010; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011.)

109-5-1a. First responder and emergency medical responder (EMR) continuing education. (a) Each applicant for certification renewal as a first responder who is scheduled for renewal on or before December 31, 2012 shall have completed the board-approved transition course to transition to the emergency medical responder (EMR) certification as specified in K.S.A. 65-6144, and amendments thereto.

(b) Each applicant for certification renewal as an EMR shall have earned at least 16 clock-hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-1b. Emergency medical technician (EMT) continuing education. (a) Each applicant for certification renewal as an EMT who is scheduled for renewal on or before December 31, 2012 shall have completed the board-approved transition course to transition to the EMT level of certification as specified in K.S.A. 65-6121, and amendments thereto.

(b) After January 1, 2013, each applicant for EMT shall have earned at least 28 clock-hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-1d. Mobile intensive care technician (MICT) and paramedic continuing education. (a) Each applicant for certification renewal as an MICT shall have earned at least 60 clock-hours of documented and approved continuing education during the preceding biennial period to transition to paramedic.

(b) Each applicant for certification renewal as

a paramedic shall have earned at least 60 clock-hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 65-6119, as amended by L. 2010, ch. 119, sec. 3; implementing K.S.A. 2009 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3, and K.S.A. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-1e. Instructor-coordinator (I-C) continuing education. Each applicant for certification renewal as an I-C shall provide documentation of both of the following:

(a) The applicant is certified as an attendant at or above the level of EMT or is licensed as a physician or professional nurse, as defined by K.S.A. 65-1113 and amendments thereto.

(b) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129b; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-1f. Training officer continuing education. Each applicant for certification renewal as a training officer shall provide documentation of the following:

(a) The applicant is certified as an attendant at or above the level of EMT or is licensed as a physician, physician's assistant, advance registered nurse practitioner, or professional nurse as defined by K.S.A. 65-1113, and amendments thereto.

(b) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-2. Documentation for continuing education. (a) Each attendant, training officer, and instructor-coordinator shall keep documentation of completion of approved continuing education for at least three years and shall provide

this documentation to the board upon request by the executive director.

(b) Any of the following forms of documentation shall be accepted as proof of completion of continuing education:

(1) A transcript from a postsecondary educational institution with a course grade indicating pass, satisfactory completion, or a letter grade of C or higher for a course completed during the recertification period as specified in K.A.R. 109-5-1;

(2) a signed certificate of attendance from a provider of an approved EMS initial course of instruction that indicates the number of clock-hours attended for auditing the course;

(3) a signed certificate of attendance from a provider of an approved continuing education program;

(4) a signed certificate of attendance from the examination or site coordinator that the attendant participated as a lab assistant at an examination site;

(5) a signed statement and completed evaluation from a clinical training faculty member that the attendant completed clinical training at a medical facility;

(6) a signed certificate of attendance of a distance learning course approved by CECBEMS or the board; or

(7) a signed certificate of attendance of a continuing education course approved by CECBEMS.

(c) An acceptable certificate of attendance shall include the following:

(1) The name of the provider of the continuing education course;

(2) the name of the attendant being issued the certificate;

(3) the title of the course;

(4) the date or dates on which the course was conducted;

(5) the location where the course was conducted;

(6) the amount of approved continuing education credit issued to the attendant for attending the course;

(7) the course identification number issued by the board or by CECBEMS; and

(8) the printed name and signature of the person authorized by the provider to issue the certificate. (Authorized by K.S.A. 65-6111, as amended by L. 2008, ch. 47, sec. 1; implementing K.S.A. 65-6129, as amended by L. 2008, ch. 78, sec. 2,

K.S.A. 65-6129b, and K.S.A. 65-6129c; effective, T-88-12, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999; amended May 15, 2009.)

109-5-3. Continuing education approval for long-term providers. (a) An application may be made to the board to become an approved long-term provider of continuing education training as defined in K.A.R. 109-1-1.

(b) Each provider desiring training program approval as a long-term provider of continuing education courses shall meet the following requirements:

(1) Submit a complete application to the executive director for long-term provider approval. The applicant shall allow up to 30 calendar days for the administrator to review the application. A complete application shall include the following:

(A) A complete application form provided by the board that includes the signatures of the program manager and the medical advisor; and

(B) a long-term continuing education training program management plan that describes how the requirements of paragraphs (b)(2) through (9) will be accomplished;

(2) appoint a training program manager who will serve as the liaison to the board. The training program manager for ambulance services, fire departments, other officially organized public safety agencies, corporations, and professional associations shall be a certified instructor-coordinator or training officer. The training program manager for postsecondary educational institutions and hospitals shall have training and experience in coordinating educational offerings. The training program manager shall sign and date the application;

(3) appoint a physician who will serve as the medical advisor for the training program;

(4) provide a sufficient number of lab instructors to maintain a student-to-instructor ratio of 6:1 during laboratory training sessions;

(5) provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions;

(6) provide to each student, upon request, the following:

(A) A course schedule that includes the date and time of each class lesson, the title of each lesson, and the name of the instructor and the instructor's qualifications to teach each lesson; and

(B) a certificate of attendance that includes the name of the training program, a statement that the training program has been approved by the board as a long-term provider of continuing education training, the title of the continuing education offering, the date and location of the continuing education offering, the amount of continuing education credit awarded to each participant for the offering, the course identification number issued by the board, and the printed name and signature of the program manager;

(7) maintain training program records and continuing education course records for at least three years. The records that shall be maintained are as follows:

(A) A copy of all documents required to be submitted with the application for training program approval;

(B) student attendance rosters;

(C) course educational objectives; and

(D) master copies and completed copies of each student's evaluations of the educational offerings;

(8) establish a continuing education program quality management plan that includes the following:

(A) A description of the training needs assessment used to determine the continuing education courses to be conducted;

(B) a description of the training program evaluations to be conducted and a description of how a review and analysis of the completed evaluations by the training program's medical advisor and the training program manager will be conducted;

(C) equipment use, maintenance, and cleaning policies; and

(D) training program infection-control policies;

(9) submit quarterly reports to the executive director that include the following:

(A) The date, title, and location of each EMS continuing education course offered;

(B) the amount of EMS continuing education credit issued for each EMS course offered; and

(C) the printed name and signature of the training program manager; and

(10) if the training program will include continuing education offered in a distance learning format, submit the following:

(A) The process by which students can access the educator;

(B) the procedures to be used for ensuring timely delivery of and feedback on written materials at all sites;

(C) the procedures to be followed for ensuring that students are participating in the course; and

(D) a description of the format to be used for material delivery.

(c) Each approved long-term provider desiring to offer continuing education in a distance learning format shall incorporate the following items into the provider's long-term continuing education training program management plan:

(1) A definition of the process by which students can access the instructor during any distance learning offerings;

(2) a definition of the procedures used to ensure student participation in course offerings; and

(3) specification of each learning management system that will be used and how each system is to be used in the course.

(d) Training program approval as a long-term provider of continuing education courses shall be for a period of not more than 60 months and may be renewed by the executive director following receipt of an application for renewal of training program approval. The application shall be complete and shall be received in the board's office no later than 30 calendar days before expiration of the approval. Incomplete applications shall not be reviewed for determination of renewal approval.

(e) Each approved long-term provider of continuing education training shall provide the executive director with a copy of all training program records and continuing education course records upon the executive director's request. (Authorized by and implementing K.S.A. 2009 Supp. 65-6111; effective, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999; amended May 15, 2009; amended Sept. 10, 2010.)

109-5-4. (Authorized by K.S.A. 65-6110, 65-6111, and 65-6129; implementing K.S.A. 65-6129, 65-6129b, and 65-6129c; effective Feb. 3, 1992; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003; revoked Feb. 12, 2010.)

109-5-5. Retroactive approval of continuing education course. (a) Any attendant may submit a request to the board for retroactive approval of a continuing education course that was completed not more than 90 days before the request is received in the board office.

(b) Each request shall be submitted on a form provided by the board.

(c) In order for retroactive approval of a continuing education course to be granted, the attendant shall provide the following, in addition to the request form:

(1) A certificate of attendance that includes the title of the course, the date and location of the course, and the amount of continuing education credit awarded by the presenter or presenting organization;

(2) documentation of the course objectives; and

(3) one of the following:

(A) The signature of the local emergency medical services medical advisor on the form provided by the board; or

(B) verification that the objectives of the course correspond to the objectives of the national standard curriculum of the federal department of transportation.

(d) The applicant shall be notified in writing by the board of any errors or omissions in the request for approval. Failure to correct any deficiency cited in the written notice of error or omission within 15 days shall constitute withdrawal of the request. (Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6129; effective Oct. 31, 2008; amended Sept. 2, 2011.)

109-5-6. Single-program approval for providers of continuing education. (a) Any entity specified in K.A.R. 109-1-1(bb) may submit an application to the executive director to conduct single-program continuing education.

(b) Each provider of single-program continuing education shall meet the following requirements:

(1) Submit a complete application for single-program approval to the executive director at least 30 days before the requested offering. A complete application shall include the following:

(A) The signatures of the program manager and the program medical advisor; and

(B) a course schedule that includes the date and time of each continuing education program, the title of each continuing education topic in the program, and the instructor;

(2) provide each student with a certificate of attendance that includes the following:

(A) The name of the continuing education program;

(B) a statement that the continuing education program has been approved by the board;

(C) the title of the continuing education program;

(D) the date and location of the continuing education program;

(E) the amount of continuing education credit completed by the attendant for the continuing education program;

(F) the board-assigned course identification number; and

(G) the printed name and signature of the program coordinator; and

(3) maintain the following records for at least three years:

(A) A copy of all documents required to be submitted with the application for single-program approval;

(B) a copy of the curriculum vitae or other documentation of the credentials for each instructor and lab instructor;

(C) student attendance records;

(D) course educational objectives; and

(E) completed copies of student evaluations of the educational offering.

(c) Upon request by the executive director, each provider of single-program continuing education shall provide a copy of all continuing education program records and continuing education course records. (Authorized by and implementing K.S.A. 65-6111, as amended by L. 2008, ch. 47, sec. 1; effective May 15, 2009.)

109-5-7a. Emergency medical responder (EMR) transition course approval.

(a) The transition course curriculum for the emergency medical responder shall be the document titled "EMR lesson plan" in the "emergency medical responder transition course," dated July 11, 2010, which is hereby adopted by reference.

(b) The train the trainer course curriculum for the EMR and EMT train the trainer courses shall be the "EMR/EMT train the trainer course," dated August 6, 2010, which is hereby adopted by reference.

(c) Each sponsoring organization shall submit a single-program continuing education application to the executive director to conduct, through teaching, coordinating, or both, a transition module or an entire transition course.

(d) Each sponsoring organization shall meet the following requirements:

(1) Ensure that the curriculum adheres to the requirements specified in subsection (a);

(2) submit a complete application for single-program approval to the executive director at least

30 days before the requested transition course. A complete application shall include the following:

(A) The signature of the instructor-coordinator or training officer who meets the requirements of K.A.R. 109-5-7d and is responsible for the coordination of the transition course;

(B) the signature of the identified sponsoring organization's medical advisor;

(C) a course schedule that includes the date and time of each transition course module or session, the title of each transition course topic, and the instructor for each transition course module or session; and

(D) assurance of use of the cognitive examination and psychomotor skills competency evaluation tools provided as part of the instructor manual for the transition course at the level of course to be taught;

(3) provide each student with a certificate of completion that includes the following:

(A) The name of the sponsoring organization;

(B) a statement that the transition course has been approved by the board;

(C) the title of the transition course module or entire transition course;

(D) the date and location of the transition course module or session;

(E) the amount of continuing education credit completed by the attendant for the transition course module or entire transition course;

(F) the board-assigned course identification number;

(G) the printed name and signature of the instructor-coordinator or training officer who meets the requirements specified in subsection (b) and is responsible for the coordination of the transition course; and

(H) the names of the primary instructor-coordinator (I-C), training officer (TO), and any person who provides teaching assistance including subject matter experts, lab assistants, clinical or field preceptors, and guest lecturers;

(4) provide a copy of all transition course rosters to the board office; and

(5) maintain the following records for at least five years:

(A) A copy of all documents required to be submitted with the application for single-program approval;

(B) a list of all persons used in the teaching of the course. The list shall include the name and credentials of the primary I-C, training officer, and any person who provides teaching assistance

including subject matter experts, lab assistants, preceptors, and guest lecturers;

(C) student attendance records; and

(D) completed copies of student evaluations for each of the transition course modules or entire transition course.

(e) A subject matter expert may apply content taught by the subject matter expert during a transition course as content needed to complete the subject matter expert's transition course.

(f) Upon request by the executive director, each sponsoring organization shall provide a copy of all transition course records. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 65-6144, as amended by L. 2010, ch. 119, sec. 11; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-7b. Emergency medical technician (EMT) transition course approval. (a)

The transition course curriculum for the emergency medical technician shall be the document titled "EMT lesson plan" in the "emergency medical technician transition course," dated July 11, 2010, which is hereby adopted by reference.

(b) The train the trainer course curriculum for EMR and EMT train the trainer courses shall be the "EMR/EMT train the trainer course" adopted by reference in K.A.R. 109-5-7a.

(c) Each sponsoring organization shall submit a single-program continuing education application to the executive director to conduct, through teaching, coordinating, or both, a transition module or an entire transition course.

(d) Each sponsoring organization shall meet the following requirements:

(1) Ensure that the curriculum meets the requirements specified in subsection (a);

(2) submit a complete application for single-program approval to the executive director at least 30 days before the requested transition course. A complete application shall include the following:

(A) The signature of the instructor-coordinator or training officer who meets the requirements of K.A.R. 109-5-7d and is responsible for the coordination of the transition course;

(B) the signature of the identified sponsoring organization's medical advisor;

(C) a course schedule that includes the date and time of each transition course module or session,

the title of each transition course topic, and the instructor for each transition course module or session; and

(D) assurance of use of the cognitive examination and psychomotor skills competency evaluation tools provided as part of the instructor manual for the transition course at the level of course to be taught;

(3) provide each student with a certificate of completion that includes the following:

(A) The name of the sponsoring organization;

(B) a statement that the transition course has been approved by the board;

(C) the title of the transition course module or entire transition course;

(D) the date and location of the transition course module or session;

(E) the amount of continuing education credit completed by the attendant for the transition course module or entire transition course;

(F) the board-assigned course identification number;

(G) the printed name and signature of the instructor-coordinator or training officer who meets the requirements specified in subsection (b) and is responsible for the coordination of the transition course; and

(H) the names of the primary instructor-coordinator (I-C), training officer (TO), and any person who provides teaching assistance including subject matter experts, lab assistants, clinical or field preceptors, and guest lecturers;

(4) provide a copy of all transition course rosters to the board office; and

(5) maintain the following records for at least five years:

(A) A copy of all documents required to be submitted with the application for single-program approval;

(B) a list of all persons used in the teaching of the course. The list shall include the names and credentials of the primary I-C, training officer, and any person who provides teaching assistance including subject matter experts, lab assistants, preceptors, and guest lecturers;

(C) student attendance records; and

(D) completed copies of student evaluations for each of the transition course modules or entire transition course.

(e) A subject matter expert may apply content taught by the subject matter expert during a transition course as content needed to complete the subject matter expert's transition course.

(f) Upon request by the executive director, each sponsoring organization shall provide a copy of all transition course records. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-7d. EMR and EMT train the trainer transition course approval. (a) The transition course curriculum for the EMR and EMT train the trainer shall be the "EMR/EMT train the trainer course" adopted by reference in K.A.R. 109-5-7a.

(b) Training officers and instructor-coordinators may coordinate transition courses after completion of the emergency medical responder and emergency medical technician transition train the trainer course.

(c) Upon request by the executive director, a training officer or instructor-coordinator shall provide a copy of all transition course records. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

Article 6.—TEMPORARY CERTIFICATION

109-6-1. Requirements for temporary certification for applicant with non-Kansas credentials. (a) An applicant for temporary certification who is certified or licensed as an attendant in another jurisdiction but whose coursework is not substantially equivalent to that required in Kansas may be granted one-year temporary certification by meeting the following requirements:

(1) Providing verification of current attendant certification or licensure issued by that jurisdiction that is comparable to the certification level sought in Kansas; and

(2) providing either the name, address, and telephone number of or a signed statement from the physician, physician assistant, professional nurse, or attendant who is certified at the same or higher level as that of the applicant and who will directly supervise the applicant during the year of temporary certification.

(b) Within one year from the date on which the temporary certificate is issued, if the applicant provides verification of successful completion of

the required coursework, attendant's certification shall be granted. If the applicant does not provide this verification within one year from the date on which the temporary certificate is issued, the temporary certificate shall expire and the application for an attendant's certificate shall be denied. (Authorized by K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6129; effective, T-88-24, July 15, 1987; amended May 1, 1988; amended Jan. 22, 1990; amended Nov. 1, 1996; amended Feb. 12, 2010.)

109-6-2. Renewal of attendant, training officer, and instructor-coordinator certificates. (a) Each attendant certificate shall expire on December 31 of the second complete calendar year following the date of issuance.

(b) An attendant, an instructor-coordinator who is also an attendant, and a training officer who is also an attendant may renew that person's certificate for each biennial period in accordance with this regulation and with K.A.R. 109-5-1.

(c) Each application for certification renewal shall be submitted on a form provided by the executive director or through the online renewal process. Copies, facsimiles, and other reproductions of the certification renewal form shall not be accepted.

(d) Each application for renewal shall be deemed sufficient when the following conditions are met:

(1) The applicant provides in full the information requested on the form, and no additional information is required by the board to complete the processing of the application.

(2) The applicant submits a renewal fee in the applicable amount specified in K.A.R. 109-7-1.

(e) The date of receipt of a document shall mean the date stamped on the document when the document is received in the board office. (Authorized by K.S.A. 65-6111; implementing K.S.A. 2008 Supp. 65-6129, K.S.A. 65-6129b, and K.S.A. 65-6129c; effective Nov. 1, 1996; amended Oct. 31, 1997; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Feb. 12, 2010.)

109-6-3. (Authorized by K.S.A. 2001 Supp. 65-6110, 65-6111; implementing K.S.A. 2001 Supp. 65-6129; effective, T-109-8-8-00, Aug. 8, 2000; effective Nov. 13, 2000; amended Aug. 30, 2002; revoked May 15, 2009.)

Article 8.—EXAMINATIONS

109-8-1. Examination. (a)(1) The cognitive certification examination for first responders, emergency medical responders, emergency medical technicians trained under the 1994 national standard curriculum modified and adopted by the board, emergency medical technicians trained under the "2010 Kansas emergency medical services education standards: emergency medical technician," advanced emergency medical technicians, mobile intensive care technicians, and paramedics shall be the national registry examination.

(2) Any applicant for certification who fails the national registry cognitive examination may retake the examination the maximum allowable number of times pursuant to national registry policy.

(b) The cognitive certification examination for emergency medical technician-intermediate shall be the examination approved by the board on October 4, 1991.

(c) The cognitive certification examination for instructor-coordinator shall be the final cognitive examination developed by the sponsoring organization and approved by the board.

(d) The cognitive certification examinations for training officer I and training officer II approval shall be the final cognitive examinations developed by the sponsoring organization and approved by the board.

(e) Any emergency medical technician-intermediate, instructor-coordinator, training officer I, or training officer II who fails the examination may retake it a maximum of three times. An applicant who has failed the examination three times shall not submit a new application for examination until documentation of successful completion of additional board-approved education has been received from the applicant's instructor and reviewed by the executive director.

(f) Each emergency medical technician-intermediate applicant shall be required to obtain a score of at least 70 percent on each cognitive examination and shall be required to demonstrate competency in psychomotor skills as evaluated by the executive director, using criteria approved by the board.

(g) Each first responder, emergency medical responder, or emergency medical technician applicant shall be required to successfully complete the national registry of emergency medical technicians' cognitive examination and shall be required to demonstrate competency in psycho-

motor skills as evaluated by the vendor contracted by the board, using criteria approved by the board.

(h) Each advanced emergency medical technician, mobile intensive care technician, or paramedic applicant shall successfully complete the national registry of emergency medical technicians' cognitive examination and psychomotor skills evaluation.

(i) Any first responder, emergency medical responder, or emergency medical technician applicant who is tested in such psychomotor skills and who fails any psychomotor skill station may retest each failed station a maximum of three times.

(j) Any advanced emergency medical technician, mobile intensive care technician, or paramedic applicant who is tested on such psychomotor skills in accordance with national registry criteria and who fails any psychomotor skill station may retest each failed portion the maximum allowable times under national registry policies.

(k) Any examination for certification may be modified by the board as a pilot project to evaluate proposed changes to the psychomotor skills examination. (Authorized by K.S.A. 65-6110 and K.S.A. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6111, as amended by L. 2010, ch. 119, sec. 1, K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, K.S.A. 65-6129b, and K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Dec. 19, 1994; amended Jan. 5, 1996; amended Nov. 8, 1996; amended May 16, 1997; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011.)

Article 9.—INSTRUCTOR-COORDINATOR

109-9-1. Instructor-coordinator certification. (a) Each applicant for certification as an I-C shall apply to the executive director using forms approved by the board and shall meet the following requirements:

(1) Validate current certification as an attendant or licensure as a physician or professional nurse;

(2) complete an approved I-C initial course of instruction, except as specified in subsection (b);

(3) attain a score of 70% or higher on the final cognitive examination developed by the educational program and approved by the board; and

(4) complete, with a satisfactory evaluation, an

assistant teaching experience in one EMT initial course of instruction applied for, approved, and taught in its entirety within one year after the completion of the instructor-coordinator course. The assistant teaching experience shall include evaluation of the candidate's ability to organize, schedule, implement, and evaluate educational experiences in the classroom, laboratory, clinical, and field environments and shall have been directly supervised by a certified I-C approved by either the executive director or any person so authorized by any state or United States territory and shall be verified on forms approved by the board.

(b) An applicant shall not be required to complete the department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum" or modules 2 through 23 of the national guidelines for educating EMS instructors, as specified in K.A.R. 109-10-1e, if the applicant establishes one of the following:

(1) Successful completion of a United States department of transportation EMS instructor training program national standard curriculum or a program that included the content from module 2 through 23 of the national guidelines for educating EMS instructors, as specified in K.A.R. 109-10-1;

(2) successful completion of a fire service instructor course approved by the national board on fire service professional qualifications or the international fire service accreditation;

(3) successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," or modules 2 through 23 of the national guidelines for educating EMS instructors as specified in K.A.R. 109-10-1; or

(4) attainment of a bachelor's, master's, or doctoral degree that focuses on the philosophy, scope, and nature of educating adults. This degree shall have been conferred by an accredited postsecondary education institution.

(c) If within two years following the date of expiration of an I-C's certificate, this person applies for renewal of the certificate, the certificate may be granted by the board if the applicant completes 40 contact hours in education theory and methodology approved by the board and successfully

completes an educator conference approved by the board. (Authorized by K.S.A. 65-6110, K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 9, 2001; amended Sept. 2, 2011.)

109-9-4. Requirements for acceptance into an instructor-coordinator initial course of instruction. (a) Each applicant for initial training as an I-C shall apply to the executive director using forms approved by the board. Only a complete application shall be accepted. A complete application shall include the following documentation:

(1) Proof that the applicant is currently certified or licensed and the applicant has been certified or licensed for at least two years as any of the following:

- (A) An attendant;
- (B) a physician; or
- (C) a professional nurse;

(2) proof that the applicant has at least one year of field experience with an ambulance service;

(3) a letter from a certified I-C verifying the I-C's commitment to evaluate the applicant on the competencies of the assistant teaching experience defined in K.A.R. 109-9-1; and

(4) proof that the applicant has met the following requirements:

(A) Has current approval as a cardiopulmonary resuscitation instructor at the professional rescuer level. This approval shall be by the American heart association, the American red cross, or the national safety council;

(B) has instructed at least 15 hours of material; and

(C) possesses a current teaching certificate granted by the Kansas state board of education or is currently certified as a training officer II.

(b) If an applicant does not meet the requirement of paragraph (a)(4)(C), the applicant may satisfy the requirement by establishing that the applicant possesses both of the following:

(1) Authorization by any state or territory of the United States to be a primary instructor of EMS initial course of instruction at or above the level of EMT; and

(2) (A) A baccalaureate, master's, or doctorate in education conferred by an accredited post-secondary education institution;

(B) certification as a fire service instructor by

the national board on fire service professional qualifications or the international fire service accreditation from the national fire academy; or

(C) certification by any United States military organization verifying successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," as identified in K.A.R. 109-10-1.

(c) Each applicant who meets the requirements in subsection (a) and, if applicable, subsection (b) shall successfully complete an evaluation of knowledge and skills as follows:

(1) A written medical knowledge examination at the EMT level; and

(2) a practical skills examination at the EMT level.

(d) An applicant meeting the requirements in subsection (a) and, if applicable, subsection (b) may be approved by the executive director for training based upon the following criteria:

(1) A score of at least 80% on the written medical knowledge examination described in paragraph (c)(1); and

(2) a passing score for each practical skill station described in paragraph (c)(2). (Authorized by K.S.A. 65-6110, K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6110, K.S.A. 2010 Supp. 65-6111, and K.S.A. 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 9, 2001; amended Sept. 2, 2011.)

Article 10.—CURRICULA

109-10-1a. Approved emergency medical responder education standards. (a) The document titled "Kansas emergency medical services education standards: emergency medical responder (EMR)," dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6144, and amendments thereto, for emergency medical responder initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed cur-

ricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6144, as amended by L. 2010, ch. 119, sec. 11; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-10-1b. Approved emergency medical technician education standards. (a) The document titled “Kansas emergency medical services education standards: emergency medical technician (EMT),” dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6121, and amendments thereto, for emergency medical technician initial courses of instruction under the new emergency medical technician scope of practice.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6121, as amended by L. 2010, ch. 119, sec. 5; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-10-1d. Approved paramedic education standards. (a) The document titled “Kansas emergency medical services education standards: paramedic,” dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6119, and

amendments thereto, for paramedic initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-10-1e. Approved instructor-coordinator standards. (a) Modules 2 through 23 in the “national guidelines for educating EMS instructors,” dated August 2002 and published by the United States department of transportation, national highway traffic safety administration, are hereby adopted by reference for instructor-coordinator (IC) initial courses of instruction. These courses shall include an evaluated assistant teaching experience for each student as specified in K.A.R. 109-9-1.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129b; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-10-1f. Approved training officer I education standards. (a) The document titled “Kansas board of EMS training officer I: initial course standards,” dated January 3, 2011, is hereby adopted by reference for training officer I initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-10-1g. Approved training officer II education standards. (a) The document titled “Kansas board of EMS training officer II: initial course standards,” dated August 2010, is hereby adopted by reference for training officer II initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-10-3. Late enrollment. (a) Instructor-coordinators and training officers II may allow students to enroll late in an initial course of instruction if the first 10 percent of the didactic and laboratory training sessions in the course as described in the course syllabus has not yet been completed. Once the first 10 percent of the didactic and laboratory training sessions of the course as described in the course syllabus has been completed, an individual shall not be allowed to enroll for the purpose of obtaining state certification.

(b) Instructor-coordinators and training officers II who admit late enrollees into initial courses of instruction shall submit to the executive director, within 20 days of the student’s enrollment, a make-up schedule for each late enrollee. The make-up schedule shall include all classes that the late enrollee missed.

(c) The instructor-coordinator or training officer II shall also submit to the executive director, within 20 days after enrollment, an application for certification and an application fee for each late enrollee. (Authorized by and implementing K.S.A. 2010 Supp. 65-6111; effective Jan. 31, 1994; amended Sept. 2, 2011.)

109-10-5. (Authorized by K.S.A. 1993 Supp. 65-6110; implementing K.S.A. 65-6129; effective Dec. 19, 1994; revoked Sept. 2, 2011.)

109-10-6. Required training equipment and supplies. Each sponsoring organization approved to conduct initial courses of instruction shall ensure that EMS training equipment and supplies necessary to facilitate the teaching of all psychomotor skills for the level of course being provided are available for use with that course. The training equipment and supplies provided shall be functional, clean, serviceable, and in sufficient quantity to maintain a ratio of no more than six students practicing together on one piece of equipment. The pharmaceuticals necessary for training shall be either simulation models or actual empty pharmaceutical packages or containers, or both. Training equipment and supplies that are for the purpose of protecting the student from exposure to bloodborne and airborne pathogens shall be functional and clean and shall be provided in sufficient quantity to ensure that students have their own. (Authorized by and implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective

Nov. 12, 1999; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011.)

109-10-7. Distance learning. (a) Any EMS educational program accredited by the committee on accreditation of emergency medical services-paramedic or offered by an accredited postsecondary institution may be granted approval to provide an initial course of instruction or continuing education programs in a distance learning format.

(b) Any instructor-coordinator, training officer I, or training officer II not affiliated with a program accredited by the committee on accreditation of emergency medical services-paramedic or with an accredited postsecondary institution may be granted approval to offer an initial course of instruction or continuing education programs in a distance learning format if the course or program meets the requirements of this regulation.

(c) Each instructor-coordinator, training officer I, or training officer II not affiliated with a program specified in subsection (a) shall submit a request for initial course approval or an application for single-program provider to the executive director or the executive director's designee. The request or application shall include the following, in addition to meeting the requirements of K.A.R. 109-5-3, 109-5-6, 109-10-2, 109-10-6, 109-11-1, 109-11-3, 109-11-4, 109-11-5, 109-11-6, 109-11-7, or 109-11-10:

(1) The procedures to be used for conducting progress counseling sessions for all students, including at those sites where distance learning is provided;

(2) the process by which students can access the instructor for an initial course of instruction or continuing education program;

(3) the procedures to be used for ensuring timely delivery of and feedback on written materials at all sites;

(4) the procedures to be followed for ensuring that students are participating in the course;

(5) the procedures to be used to ensure the competency of those completing didactic and psychomotor skills training;

(6) identification of the learning management system to be used during the course; and

(7) identification of each program's quality assurance plan that at a minimum shall include the following:

(A) An advisory committee that includes the

program coordinator, program medical adviser, and representatives of the following:

(i) Current students;

(ii) former students;

(iii) graduates;

(iv) employees;

(v) faculty;

(vi) all communities of interest; and

(vii) local ambulance service;

(B) an advisory committee meeting schedule; and

(C) a copy of the evaluation tools to be completed by the students, employees, staff, faculty, medical adviser, and program coordinator.

(d) Any approved class may be monitored by the executive director or the executive director's designee. (Authorized by K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111 and 65-6129 and K.S.A. 65-6129b; effective Feb. 12, 2010.)

Article 11.—COURSE APPROVALS

109-11-1. First responder course approval. (a) First responder initial courses of instruction may be approved by the executive director or the executive director's designee to be conducted only by sponsoring organizations. A sponsoring organization shall mean a provider of training, as defined in K.S.A. 65-6112 and amendments thereto.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall submit an application packet to the executive director that is completed in its entirety, including all required signatures, and includes the following documents:

(1) A course syllabus for each level of training offered that includes at a minimum the following information:

(A) A summary of the course goals and objectives;

(B) student prerequisites, if any, for admission into the course;

(C) instructional and any other materials required to be purchased by the student;

(D) student attendance policies;

(E) student evaluation policies;

(F) student requirements for successful course completion;

(G) a description of the clinical and field training requirements, if applicable;

(H) student and participant safety policies;

- (I) Kansas requirements for certification;
 - (J) student dress and hygiene requirements;
 - (K) student progress conferences;
 - (L) student discipline policies;
 - (M) policies concerning student use of equipment; and
 - (N) a statement that the course provides a sufficient number of lab instructors to maintain a 6:1 student-to-instructor ratio during lab sessions;
 - (2) a course schedule that identifies the following:
 - (A) The date of each class session;
 - (B) the times each class session is to start and end;
 - (C) the title of the subject matter of each class session;
 - (D) the instructor of each class session;
 - (E) the United States department of transportation or Kansas enrichment lesson number; and
 - (F) the number of psychomotor skills laboratory hours for each session; and
 - (3) letters from the training program medical advisor, the director of the ambulance service that will provide field training to the students, if applicable, and the administrator or the administrator's designee of the hospital in which the clinical rotation is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.
 - (c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled course session.
 - (d) Each approved initial course shall meet the following conditions:
 - (1) Meet or exceed the described in K.A.R. 109-10-1; and
 - (2) maintain course records for at least three years. The following records shall be maintained:
 - (A) A copy of all documents required to be submitted with the application for course approval;
 - (B) student attendance;
 - (C) student grades;
 - (D) student conferences;
 - (E) course curricula;
 - (F) lesson plans for all lessons;
 - (G) clinical training objectives, if applicable;
 - (H) field training objectives, if applicable;
 - (I) completed clinical and field internship training preceptor evaluations for each student;
 - (J) master copies and completed copies of the outcome assessment and outcome analyses tools used for the course that, at a minimum, address the following:
 - (i) Each student's ability to perform competently in a simulated or actual field situation, or both; and
 - (ii) each student's ability to integrate cognitive and motor skills to appropriately care for sick and injured patients;
 - (K) a copy of each student's psychomotor skills evaluations as specified in the course syllabus;
 - (L) completed copies of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and
 - (M) a copy of the course syllabus.
 - (e) Each primary instructor shall provide the executive director with an application form from each student within 20 days of the date of the first class session.
 - (f) Each approved course shall provide any course documentation requested by the executive director.
 - (g) Any approved course may be monitored by the executive director or the executive director's designee.
 - (h) Program approval may be withdrawn by the board if the provider violates any regulation. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, K.S.A. 2009 Supp. 65-6129; effective, T-109-1-19-89, Jan 19, 1989; effective July 17, 1989; amended Jan. 31, 1994; amended Nov. 12, 1999; amended Sept. 10, 2010.)
- 109-11-1a. Emergency medical responder course approval.** (a) Emergency medical responder initial courses of instruction pursuant to K.S.A. 65-6144, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.
- (b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall submit a complete application packet to the executive director, including all required signatures, and the following documents:
 - (1) A course syllabus that includes at least the following information:
 - (A) A summary of the course goals and objectives;
 - (B) student prerequisites, if any, for admission into the course;
 - (C) instructional and any other materials required to be purchased by the student;
 - (D) student attendance policies;

(E) student requirements for successful course completion;

(F) a description of the clinical and field training requirements, if applicable;

(G) student discipline policies; and

(H) instructor information, which shall include the following:

(i) Instructor name;

(ii) office hours or hours available for consultation; and

(iii) instructor electronic mail address;

(2) course policies that include at least the following information:

(A) Student evaluation of program policies;

(B) student and participant safety policies;

(C) Kansas requirements for certification;

(D) student dress and hygiene policies;

(E) student progress conferences;

(F) equipment use policies; and

(G) a statement that the course provides a sufficient number of lab instructors to maintain a 6:1 student-to-instructor ratio during lab sessions;

(3) a course schedule that identifies the following:

(A) The date and time of each class session, unless stated in the syllabus;

(B) the title of the subject matter of each class session;

(C) the instructor of each class session; and

(D) the number of psychomotor skills laboratory hours for each session; and

(4) letters from the initial course of instruction medical advisor, the ambulance service director of the ambulance service that will provide field training to the students, if applicable, and the administrator of the medical facility in which the clinical rotation is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.

(c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled course session.

(d) Each approved initial course shall meet the following conditions:

(1) Meet or exceed the course requirements described in the regulations of the Kansas board of EMS; and

(2) maintain course records for at least three years. The following records shall be maintained:

(A) A copy of all documents required to be submitted with the application for course approval;

(B) student attendance;

(C) student grades;

(D) student conferences;

(E) course curriculum;

(F) lesson plans for all lessons;

(G) clinical training objectives, if applicable;

(H) field training objectives, if applicable;

(I) completed clinical and field training preceptor evaluations for each student;

(J) master copies and completed copies of the outcome assessment and outcome analyses tools used for the course that address at least the following:

(i) Each student's ability to perform competently in a simulated or actual field situation, or both; and

(ii) each student's ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients;

(K) a copy of each student's psychomotor skills evaluations as specified in the course syllabus;

(L) completed copies of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and

(M) a copy of the course syllabus.

(e) Each primary instructor shall provide the executive director with an application for certification form from each student within 20 days of the date of the first class session.

(f) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers provide any course documentation requested by the executive director.

(g) Any approved course may be monitored by the executive director.

(h) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-11-3. Emergency medical technician-basic course approval.

(a) EMT-basic initial courses of instruction may be approved by the executive director or the executive director's designee to be conducted only by sponsoring organizations as defined in K.A.R. 109-11-1.

(b) Each sponsoring organization requesting

approval to conduct initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. 109-11-1(b)-(f); and

(2) in each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and to the ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient. In the absence of participatory clinical or field training, contrived experiences may be substituted. (Authorized by K.S.A. 65-6110, K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111, K.S.A. 2008 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Nov. 12, 1999; amended Sept. 10, 2010.)

109-11-3a. Emergency medical technician (EMT) course approval. (a) Emergency medical technician (EMT) initial courses of instruction pursuant to K.S.A. 65-6121, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall meet the following requirements:

(1) Meet the course requirements specified in K.A.R. 109-11-1(b)-(f); and

(2) in each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and to the ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient in compliance with K.S.A. 65-6129a and amendments thereto. In the absence of participatory clinical or field training, contrived experiences may be substituted.

(c) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers provide any course documentation requested by the executive director.

(d) Any approved course may be monitored by the executive director.

(e) Program approval may be withdrawn by the

board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, K.S.A. 65-6121, as amended by L. 2010, ch. 119, sec. 5, K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, and K.S.A. 65-6129a; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-11-4. Emergency medical technician-intermediate course approval. (a) EMT-I initial courses of instruction may be approved by the executive director or the executive director's designee to be conducted only by sponsoring organizations as defined in K.A.R. 109-11-1.

(b) Each sponsoring organization requesting approval to conduct EMT-I initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. 109-11-1(b)-(f); and

(2) provide letters from the director of each ambulance service that will provide field training to the students, if applicable, and administrator or administrator's designee of the hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum.

(c) Each application shall be received in the board's office not later than 30 calendar days before the first scheduled class. Only a complete application packet shall be accepted.

(d) Each approved EMT-I course shall meet the following conditions:

(1) Meet or exceed the curriculum as described in K.A.R. 109-10-1; and

(2) require that each student meet the following conditions in order to successfully complete the course:

(A) Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions;

(B) administer one nebulized breathing treatment during clinical training;

(C) successfully perform three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist competent in the procedure that the student is competent in performing the procedure, if applicable; and

(D) ensure that each student completes hospital clinical training and ambulance field training that provide the student the opportunities necessary to complete the requirements of Kansas enrichments, module 4.

(e) Each primary instructor shall provide the administrator with an enrollment form from each student within 15 days of the first class session.

(f) Any approved class may be monitored by the executive director or the executive director's designee.

(g) Each approved course shall provide any program documentation requested by the executive director.

(h) Course approval may be withdrawn by the board if the provider violates any regulation. (Authorized by K.S.A. 65-6110, K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111, K.S.A. 2008 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 16, 1993; amended Nov. 12, 1999; amended Sept. 10, 2010.)

109-11-6. Mobile intensive care technician course approval. (a) MICT initial courses of instruction may be approved by the executive director or the executive director's designee to be conducted only by accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct MICT initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. 109-11-1(b)-(f);

(2) provide letters from the director of each ambulance service that will provide field training to the students and the administrator or the administrator's designee of the hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum;

(3) require that, on or before completion of the course, all students provide confirmation of eligibility to be conferred, at a minimum, an associate degree in applied science by the postsecondary institution; and

(4) (A) Provide verification that the sponsoring organization has applied for accreditation to the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic; or

(B) provide evidence of accreditation from the committee on accreditation of allied health edu-

cation programs' joint review committee for emergency medical technician-paramedic before the commencement of the third course.

(c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled class. Only a complete application packet shall be accepted.

(d) Each approved MICT course shall meet the following requirements:

(1) Meet or exceed the curriculum standards as described in K.A.R. 109-10-1;

(2) consist of a minimum of 1200 hours of training, including at least the following:

(A) Four hundred hours of didactic and skills laboratory instruction by qualified instructors;

(B) two hundred and thirty-two hours of clinical training at a hospital by qualified instructors; and

(C) four hundred hours of field internship training with a type I ambulance service by qualified instructors;

(3) ensure, and establish in writing, how each student is provided experiences, which shall include at a minimum the following:

(A) The performance of 20 successful venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(B) successful performance of three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist competent in the procedure that the student is competent in performing the procedure;

(C) successful performance of five intraosseous infusions;

(D) administration of one nebulized breathing treatment during clinical training;

(E) performance of a complete patient assessment on 50 patients, of which at least 25 shall be accomplished during field internship training;

(F) participation in, as an observer or as an assistant, three vaginal-delivered childbirths during clinical training;

(G) in increasing positions of responsibility, be a part of a type I service crew responding to 30 ambulances calls;

(H) performance of 10 intramuscular or subcutaneous injections;

(I) completion of 30 patient charts or patient care reports, or both; and

(J) performance of monitoring and interpreting the electrocardiogram on 30 patients during clinical training and field internship training.

(e) The primary instructor shall provide the ad-

ministrator with an enrollment form from each student within 15 days after the first class session.

(f) Any approved class may be monitored by the executive director or the executive director's designee.

(g) Each approved course shall provide any program documentation requested by the executive director.

(h) Course approval may be withdrawn by the board if the provider violates any regulation. (Authorized by K.S.A. 65-6110 and K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111 and K.S.A. 2008 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 13, 2000; amended Sept. 10, 2010.)

109-11-6a. Paramedic course approval.

(a) Paramedic initial courses of instruction pursuant to K.S.A. 65-6119, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations that are accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct paramedic initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. 109-11-1(b)-(f);

(2) provide letters from the director of each ambulance service that will provide field training to the students and the administrator or the administrator's designee of each hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum;

(3) require that, on or before completion of the required paramedic course, each student provide confirmation of eligibility to be conferred, at a minimum, an associate degree in applied science by the postsecondary institution; and

(4) (A) Provide verification that the sponsoring organization has applied for accreditation to the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic; or

(B) provide evidence of accreditation from the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic before the commencement of the third course.

(c) Each application shall be received in the

board office not later than 30 calendar days before the first scheduled class. Only a complete application packet shall be processed.

(d) Each approved paramedic course shall meet the following requirements:

(1) Meet or exceed the curriculum requirements in K.A.R. 109-10-1;

(2) consist of at least 1,200 hours of training, including at least the following:

(A) 400 hours of didactic and psychomotor skills laboratory instruction by qualified instructors;

(B) 232 hours of clinical training at a hospital by qualified instructors; and

(C) 400 hours of field internship training with a type I ambulance service by qualified instructors; and

(3) ensure, and establish in writing, how each student is provided with experiences, which shall include at least the following:

(A) The performance of 20 successful venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(B) successful performance of three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist competent in the procedure that the student is competent in performing the procedure;

(C) successful performance of five intraosseous infusions;

(D) administration of one nebulized breathing treatment during clinical training;

(E) performance of a complete patient assessment on 50 patients, of which at least 25 shall be accomplished during field internship training;

(F) participation in, as an observer or as an assistant, three vaginal-delivered childbirths during clinical training;

(G) in increasing positions of responsibility, being a part of a type I service crew responding to 30 ambulance calls;

(H) performance of 10 intramuscular or subcutaneous injections;

(I) completion of 30 patient charts or patient care reports, or both; and

(J) performance of monitoring and interpreting the electrocardiogram on 30 patients during clinical training and field internship training.

(e) The primary instructor shall provide the executive director with an application for certification form from each student within 20 days after the first class session.

(f) Any approved class may be monitored by the executive director.

(g) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers provide any program documentation requested by the executive director.

(h) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, K.S.A. 2009 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3, and K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

Article 15.—CERTIFICATION

109-15-1. Reinstating attendant certificate after expiration. (a) The certificate of a person who applies for attendant certification within 31 calendar days after the person's certificate has expired may be reinstated by the board if the person meets the following requirements:

(1) Applies to the board on board-approved forms;

(2) pays the applicable fee specified in K.A.R. 109-7-1;

(3) for MICT and paramedic, has met the continuing education requirements for the certification level held during the previous certification period;

(4) for first responder and EMT, meets one of the following requirements:

(A) Before January 1, 2012, has met the continuing education requirements for the certification level held during the previous certification period; or

(B) after December 31, 2011, has completed the transition training program approved by the board for emergency medical responder or EMT certification, whichever is applicable; and

(5) for EMT-I, meets one of the following requirements:

(A) Before January 1, 2014, has met the continuing education requirements for the certification level held during the previous certification period; or

(B) after December 31, 2013, has completed the transition training program approved by the board for AEMT certification.

(b) The certificate of a person who applies for reinstatement of attendant certification more than 31 days but less than two years after the person's certificate has expired may be reinstated by the board if the applicant meets the following requirements:

(1) Applies to the board on board-approved forms;

(2) pays the applicable fee specified in K.A.R. 109-7-1; and

(3) (A) For each MICT, has completed at least 120 hours of documented and board-approved continuing education;

(B) before January 1, 2015, meets one of the following requirements:

(i) For each first responder, completes at least 16 clock-hours of continuing education and the transition course approved by the board to transition to EMR;

(ii) for each EMT, completes at least 28 clock-hours of continuing education and the transition course approved by the board to transition to the new EMT scope of practice;

(iii) for each EMT-I, completes at least 36 clock-hours of continuing education and the transition course approved by the board to transition to AEMT;

(iv) for each EMT-D, completes at least 36 clock-hours of continuing education and the transition course approved by the board to transition to the AEMT and an initial EMT-I course of instruction;

(v) for each EMT-I who is also certified as an EMT-D, completes at least 44 clock-hours of continuing education and the transition course approved by the board to transition to the AEMT;

(C) for each emergency medical responder, completes at least 32 clock-hours of continuing education;

(D) for each EMT who has completed the transition, completes at least 56 clock-hours of continuing education; and

(E) for each AEMT, completes at least 72 clock-hours of continuing education.

(c) Only board-approved and documented continuing education obtained during the biennial period immediately preceding the expiration of certification and continuing education or transition training courses obtained during the biennial period immediately after expiration of certification.

tion shall be accepted for the requirements of subsection (b).

(d) Each person who applies for reinstatement of first responder, EMT, EMT-I, EMT-D, or EMT-I/D certification two or more years after the person's certificate expires shall take the entire course for EMR, the new EMT scope of practice, or AEMT.

(e) The certificate of a person who applies for reinstatement of attendant certification two or more years after the person's certificate expires may be reinstated by the board if the applicant meets the following requirements:

(1) Applies to the board on board-approved forms;

(2) pays the applicable fee specified in K.A.R. 109-7-1; and

(3) has completed continuing education applicable to the attendant level previously held according to the following time frames:

(A) For applications submitted two or more years but less than four years after certificate expiration, the following amounts of continuing education:

(i) For each emergency medical responder, at least 64 clock-hours;

(ii) for each EMT who has completed the new scope of practice transition, at least 112 clock-hours;

(iii) for each AEMT, at least 144 clock-hours; and

(iv) for each MICT, at least 240 clock-hours;

(B) for applications submitted four or more years but less than six years after certificate expiration, the following amounts of continuing education:

(i) For each emergency medical responder, at least 128 clock-hours;

(ii) for each EMT who has completed the new scope of practice transition, at least 224 clock-hours;

(iii) for each AEMT, at least 288 clock-hours; and

(iv) for each MICT, at least 480 clock-hours;

(C) for applications submitted six or more years but less than eight years after certificate expiration, the following amounts of continuing education:

(i) For each emergency medical responder, at least 256 clock-hours;

(ii) for each EMT who has completed the new scope of practice transition, at least 448 clock-hours;

(iii) for each AEMT, at least 576 clock-hours; and

(iv) for each MICT, at least 960 clock-hours; and

(D) for applications submitted eight or more years after certificate expiration, the following amounts of continuing education:

(i) For each emergency medical responder, at least 512 clock-hours;

(ii) for each EMT who has completed the new scope of practice transition, at least 896 clock-hours;

(iii) for each AEMT, at least 1,152 clock-hours; and

(iv) for each MICT, at least 1,920 clock-hours;

(3) has completed continuing education applicable to the attendant level sought during the two years immediately preceding or immediately following application for reinstatement;

(4) provides documentation of successful completion of a United States department of transportation refresher training course that includes both cognitive and psychomotor examinations approved by the executive director at the level for which the individual is requesting reinstatement; and

(5) provides documentation of successful completion of a cardiopulmonary resuscitation course for healthcare providers. (Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6129; effective May 15, 2009; amended Sept. 2, 2011.)

109-15-2. Recognition of non-Kansas credentials. (a) Any applicant who is currently certified as an attendant in another jurisdiction may apply for Kansas attendant certification by meeting the following requirements:

(1) Submitting a completed application for certification to the board;

(2) providing documentation that enables the board to determine whether the applicant's coursework is substantially equivalent to that required by Kansas for the certification level requested;

(3) providing verification that the applicant has successfully completed an examination approved by the board;

(4) providing documentation from the certifying authority that the applicant is in good standing; and

(5) paying the applicable fee specified in K.A.R. 109-7-1.

(b) Any applicant who is not currently certified as an attendant in another jurisdiction but has completed attendant coursework in another jurisdiction may apply for Kansas attendant certification by meeting the following requirements:

(1) Submitting a completed application for certification to the board;

(2) providing documentation that enables the board to determine whether the applicant's coursework is substantially equivalent to that required in Kansas for the certification level requested;

(3) successfully completing the examination for certification prescribed in K.A.R. 109-8-1 for the level of attendant certification requested; and

(4) paying the applicable fee specified in K.A.R. 109-7-1.

(c) Each applicant meeting the criteria in subsection (a) or (b) whose coursework is deemed not substantially equivalent to that required by the board shall obtain additional coursework for the level of certification sought, as follows:

(1) For first responder, emergency medical responder, emergency medical technician, emergency medical technician-intermediate, or advanced emergency medical technician, the requirements listed in K.A.R. 109-10-1, which

shall be provided by a Kansas-certified EMS instructor-coordinator or training officer; or

(2) for mobile intensive care technician or paramedic, coursework attained through a paramedic program accredited by the commission on accreditation of allied health education programs.

(d) For the purposes of this regulation, "substantially equivalent" coursework shall mean an initial course of instruction that includes at least 90 percent of the content in the Kansas emergency medical services education standards for the level of training sought, as required by K.A.R. 109-10-1, and the following:

(1) For first responders, emergency medical responders, emergency medical technicians, emergency medical technicians-intermediate, and advanced emergency medical technicians, the requirements listed in K.A.R. 109-10-1; and

(2) for mobile intensive care technicians and paramedics, completion of at least 90 percent of each of the following requirements specified in K.A.R. 109-10-1 and 109-11-6:

(A) The didactic hours;

(B) the clinical hours;

(C) the field internship hours; and

(D) the total number of required course hours.

(Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6129; effective May 15, 2009; amended Sept. 2, 2011.)